Performance and Productivity Oversight Board November 2025 update for GRAC	
Executive Summary	This is an update report to inform GRAC of the work of Performance and Productivity Oversight Board and the progress made to date around various elements of the work of the Board.
Options considered	N/A
Consultation(s)	N/A
Recommendations	It is recommended that Members note the work that the Performance and Productivity Board has undertaken over the last 12 months and the progress that has been made on various issues.
Reasons for recommendations	To achieve an understanding of the Council's performance, drivers of service demand, changing policy context and ensure there is a strategy to respond to current and future pressures, along with the Board continually monitoring and challenging corporate performance and being a champion of service transformation.
Background papers	Performance and Productivity Oversight Board Terms of Reference.

Wards affected	None
Cabinet member(s)	N/A
Contact Officer	Steve Hems – Director of Service Delivery Steve.hems@north-norfolk.gov.uk

Links to key documents:	
Corporate Plan:	The Board has responsibility for monitoring progress made against the Annual Action Plan and Corporate Plan Delivery.
Medium Term Financial Strategy (MTFS)	N/A
Council Policies & Strategies	The Board will ensure that corporate strategies and polices are reviewed in a timely manner and ensure any associated action plans are implemented.

Corporate Governance:	
Is this a key decision	No
Has the public interest test been applied	N/A
Details of any previous decision(s) on this matter	N/A

1. Purpose of the report

1.1. The Council's 2023-2027 Corporate Plan has A STRONG, RESPONSIBLE AND ACCOUNTABLE COUNCIL as one of its five corporate priorities and states that "We will ensure the Council maintains a financially sound position, seeking to make best use of our assets and staff resources, effective partnership working and maximising the opportunities of external funding and income".

1.2. Understanding the Council's performance, drivers of service demand, changing policy context and having a strategy to respond to current and future pressures will therefore be critical to the future agility and "success" of the Council.

1.3. As the Council's budgets and resources come under increasing pressure through increased customer demand and scrutiny by Government it is more important than ever that the Council has a deep understanding of its performance and plans in place which ensures our effective performance and agility in the future.

1.4. This requires the Council to deliver year-on-year savings and efficiencies and to continually adapt and "transform" its services so as to meet the needs of our residents, businesses and visitors through service re-design, adoption of new systems and ways of working.

2. Introduction & Background

2.1 The Performance and Productivity Oversight Board is an essential element of the NNDC project management and performance framework. The Board has responsibility for monitoring and challenging the corporate and service performance and ensuring that the relevant management and governance frameworks are being complied with.

3. Achievements, issues and action taken

3.1. Since its inception meeting which took place in June 2024 the Performance and Productivity Board has met monthly until May 2025 when the frequency

of the meetings was changed to bi-monthly as it was felt that the work that the Board had completed to date no longer merited such frequent meetings.

3.2. **Corporate Plan and Annual Action Plan Delivery**

3.2.1 Throughout the year the Board has reviewed the Quarterly reports to ensure that they have been completed and that responsible officers have provided adequate updates which appropriately describe the progress made since the last update.

3.2.2 The Board has identified that there has previously been some inconsistency, both in terms of the application of the RAG (Red, Amber Green) status and the approach to the narrative between responsible officers. The Board is currently carrying out a piece of work to try and improve the consistency, including making the Assistant Directors responsible for completing the quarterly updates and beginning to develop further guidance to assist consistency.

3.3. **Audit Recommendation implementation**

3.3.1 The Board monitor audit recommendations at each of its meetings.

3.3.2 The process of contacting lead officers for updates on all overdue audit recommendations is ongoing. Where recommendations have been identified as not achievable by the original or revised due date, lead officers are being asked to submit a time-bound action plan outlining the steps required to achieve sign-off by Internal Audit

3.3.3 It was identified that having a wide range of responsible officers, at various levels of the organisation, was not helpful in either managing the implementation of audit recommendation or being able to adequately hold people to account where completion dates are not met. To address this, all audit recommendations have been moved to the Assistant Director relevant service area.

3.3.4 The Board continues to monitor the number of audit recommendations which have gone beyond the agreed time and encourage responsible officers to ensure these are completed in a timely manner.

3.3.5 The table below illustrates the monthly trend in outstanding audits as considered by the Performance and Productivity Oversight Board. A number of audits were completed towards the end of the financial year and included multiple recommendations some of which have come due for completion over the summer and autumn. The figures in the second column show the number of audit recommendations which have become due in the period since the last report. Although the overall number of overdue has remained at a level which the PPOB would wish to see reduced it does demonstrate that audit recommendations continue to be closed at a level which predominantly outstrips the rate that they are being added.

3.3.6 The next focus of the Board is to continue encourage responsible officers to ensure that the audit recommendation is met and closed prior to the due date, as well as pursuing those with long standing overdue recommendations.

	Number Outstanding recommendations	Number of recommendations reaching their due date
December 2024	10	
January 2025	50	
April2025	32	
July 2025	29	12
September 2025	37	10
October 2025	34	9

3.4. **Corporate Strategy and Policy Reviews**

3.4.1 The Board has reviewed the register of corporate policies and strategies with expired review dates. As of 23 July 2024, 127 policies or strategies were identified as being beyond their identified review date. This number was significantly reduced from the position, which was originally identified, and work was continuing to address this. However, it became apparent that, for a number of reasons, the volume of work associated with considering all strategies and policies was unmanageable for both the officers responsible for updating documentation and those who were trying to manage the lists and processes to bring these up to date.

3.4.2 To address this and the constant addition of documents two main decisions were made:

- The first was that the priority would be given to Policy documents and that other documents would be left until next year on the basis that Policy documents are generally of greater potential consequence to the authority and therefore greater impact if left beyond their review date.
- The second was that documents that were coming due at the end of December 2025 would be included in the list so that there was some proactive work being done on documents prior to their review date being reached.

3.4.3 Substantial progress continues to be made to address outstanding policies; currently, only 40 policies (with a review date of December 2025) remain due or overdue for review, and these are actively being updated by responsible officers.

3.5. **Complaints / Local Government Ombudsman**

3.5.1 It is the responsibility of the board to have oversight of this annual report prior to it going to Overview and Scrutiny and Cabinet for their reference. The report indicates headline figures for complaints that have been reported to the Local Government And Social Care Ombudsman (LGSCO).

3.5.2 In the past 12 months there have been 9 complaints that were made to the LGSCO, none of these were investigated as the LGSCO could find no reason to do so based on their criteria.

3.5.3 This is compared with 12 complaints in the previous 12 month period, 3 of which were investigated and 2 upheld.

3.5.4 Although the previous 12 month period compared favourably with other local authorities this years figures demonstrate that the improvements that have been made to the complaint handling process have had a positive impact on the those that have found their way to the LGSCO.

3.5.5 Work continues in regard to the general complaint handling process, predominantly aligned to the proposed changes in the LGSCO Complaint handling Code of Practice, for which North Norfolk District Council is one of a small number of pilot authorities. The update provided to this committee in November 2024 indicated the intention to formally adopt a revised Complaints Procedure, but this has been delayed partly due to continued revisions to the draft code of practice and partly to a change in the lead officer for complaints.

3.5.6 Although the Complaints Policy has not been formally adopted, many of its key principles have already been implemented. These include the use of template letters for both Stage 1 and Stage 2 responses, as well as the introduction of a Complaint Handlers Guide to support managers in conducting investigations and drafting responses that align with the code. These measures have significantly improved the quality of responses provided to customers and help the Council demonstrate compliance with the code in cases escalated to the Ombudsman. Additionally, the Corporate Executive Assistants have assumed responsibility for coordinating and managing formal complaints, which has enhanced case management and ensured responses are issued within the policy's specified timescales.

3.6. **Performance Management Process and effectiveness**

3.6.1 The Board has taken over the production of the quarterly performance management reporting. This appears to be working well to date.

3.7 Corporate Risk Management

3.7.1 The Council has a Corporate Risk Management Framework which sets out the approach taken to identifying, managing and mitigating risk. It had been identified that this framework was not consistently applied in a timely manner. Whilst steps were taken to address this directly, the Terms of Reference were changed to include the following: The Board will monitor the performance of managing risk and verify that the Risk Management Policy and Framework is implemented.

3.7.2 The Board now considers periodically whether there is evidence that the Risk Management Framework is being applied. The Board remains satisfied that the framework is being applied and complied with appropriately.

4. Corporate Priorities

4.1 The Board is focused on the corporate plan objective "A strong responsible and accountable council, effective and efficient delivery, ensuring that strong governance is at the heart of all we do"

5. Financial and Resource Implications

5.1 There are no financial or resource implications associated with the Performance and Productivity Oversight Board.

Comments from the S151 Officer:

There are no direct financial impacts of this report. The effective operation of this board should reduce corporate risk and thereby lessen exposure to financial risk*.*

6. Legal Implications

6.1 There are no legal implications associated with the Performance and Productivity Oversight Board.

Comments from the Monitoring Officer:

The Monitoring Officer (or member of the Legal team on behalf of the MO) will complete this section*. This report discusses monitoring and controls to improve governance, such as implementing audit recommendations. It is for note.*

7. Risks

The activity of the board is designed to reduce risk to the council in operations and in achieving objectives.

8. Net Zero Target

There are no implications for the Net Zero Target associated with this report.

9. Equality, Diversity & Inclusion

There are no equality, diversity or inclusion implications associated with this report.

10. Community Safety issues

There are no community safety issues associated with this report.

11. Conclusion and Recommendations

This report sets out the work that the Performance and Productivity Board has undertaken over the last 12 months and the progress that has been made on various issues, therefore it is recommended that Members note the contents of this report.